

HEALTH DEPARTMENT BUREAU OF VITAL STATISTICS BALTIMORE CITY, cm 1132, Printed 10/25/2022.

Health Department, City of Baltimore.

Permit No. 98662

Office of Registrar of Vital Statistics.

Ward 20

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, accurately filled out, to the Undertaker or other person superintending the burial, within twenty-four hours after the death of said deceased, or sooner, if requested so to do, under penalty of law.

No PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

Date of Death, Mar 15 - 87

Full Name of Deceased, { Write legibly and spell correctly. If an Infant, not named, give names of parents. } John Schael

Sex, Male or Female, { Cross out the word not required in this line. }

Age, 75 Years, Months, Days.

Color, W

Married, Single, Widow or Widower, { Cross out the words not required in this line. }

Occupation, Labor

Birth Place, { State or country, and how long in the United States, if of foreign birth. } German

Duration of Residence in the City of Baltimore, 32 years

Place of Death, { Give Street and Number. } 549 Robert St

Cause of Death, { First (Primary), Second (Immediate), } Simple Debility

Duration of Last Sickness, 3 weeks

All the above information should be furnished by the Physician.

Place of Burial, Loudon Park

Date of Burial, March 18

Undertaker, Walter Immel

Place of Business, 594 W. Biddle

Medical Attendant, H. J. Muesel M. D. Corner of Carey & Pressman

Extract from Regulations of the Board of Health to secure a full and correct record of the Vital Statistics in the City of Baltimore.

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within twenty-four hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age, and condition (whether married or single) of the person deceased, and the cause and date of death.

[OVER.]



# Health Department, City of Baltimore.

Permit No. *98663*

Office of Registrar of Vital Statistics.

Ward *20*

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, accurately filled out, to the Undertaker or other person superintending the burial, within twenty-four hours after the death of said deceased, or sooner, if requested so to do, under penalty of law.

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## CERTIFICATE OF DEATH.

Date of Death, *March, 16<sup>th</sup> 1887*

Full Name of Deceased, { Write legibly and spell correctly. If an Infant not named, give names of parents. } *Mary Gemeinhart*

Sex, ~~Male~~ or Female, { Cross out the word not required in this line. }

Age, *1* Years, *2* Months, *3* Days

Color,

Married, Single, Widow or Widower, { Cross out the words not required in this line. }

Occupation,

Birth Place, { State or country, and how long in the United States, if of foreign birth. }

*Germany*

Duration of Residence in the City of Baltimore,

*4 weeks.*

Place of Death, { Give Street and Number. }

*1307 N. Fremont St*

Cause of Death, { First (Primary),

*Pneumonia*

Second (Immediate),

*Exhaustion.*

Duration of Last Sickness,

*2 weeks*

All the above information should be furnished by the Physician.

Place of Burial, *Western Cem.*

Date of Burial, *March 17.*

*W. Rickert*

M. D.

Medical Attendant.

{ Undertaker, *Walter Immel*

{ Place of Business, *594 W. Beddles St.*

Address, *Anna Ane Roberts.*

Extract from Regulations of the Board of Health to secure a full and correct record of the Vital Statistics in the City of Baltimore.

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within twenty-four hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age, and condition (whether married or single) of the person deceased, and the cause and date of death.

[OVER.]



Health Department, City of Baltimore.

Permit No. 98664
Office of Registrar of Vital Statistics.
Ward 24

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CERTIFICATE OF DEATH.

Date of Death, March 15th, 1887

Full Name of Deceased, Elizabeth Heiner

Sex, Male or Female, Male

Age, 58 Years, 2 Months, 2 Days.

Color, White

Married, Single, Widow or Widower, Single

Occupation, Germany

Birth Place, 34 years

Duration of Residence in the City of Baltimore, 725 S. Durham St

Place of Death, 725 S. Durham St

Cause of Death, Typhoid Fever

Duration of Last Sickness, Two weeks

Place of Burial, Trinity Church

Date of Burial, March 17, 1887

Undertaker, H. Sauer

Place of Business, Canton St

Address, 1709 Alice Ann St

Medical Attendant, John H. Rehberg M. D.

Extract from Regulations of the Board of Health to secure a full and correct record of the Vital Statistics in the City of Baltimore.

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within twenty-four hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age, and condition (whether married or single) of the person deceased, and the cause and date of death.

[OVER.]



# Health Department, City of Baltimore.

Permit No. *98663*

Office of Registrar of Vital Statistics.

Ward *2*

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, accurately filled out, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

## CERTIFICATE OF DEATH.

Date of Death, *March 16th, 1887*

Full Name of Deceased, *Teresa Smeerman*

Sex, *Male* or Female, *Female*

Age, *7* Months, *0* Days.

Color, *White*

Married, Single, Widow or Widower, *Single*

Occupation, *Life-time*

Birth Place, *City*

Duration of Residence in the City of Baltimore, *Life-time*

Place of Death, *# 704 S. Dallas St.*

Cause of Death, *Bronchitis (Capillary)*

Duration of Last Sickness, *Three days*

All the above information should be furnished by the Physician.

Place of Burial, *Most Holy Redeemer*

Date of Burial, *March 18th*

Undertaker, *John H. Rehberger* M. D.

Place of Business, *Canton Ave* Address, *# 1709 Alice Anna St.*

Extract from Regulations of the Board of Health to secure a full and correct record of the Vital Statistics in the City of Baltimore.

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within twenty-four hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age, and condition (whether married or single) of the person deceased, and the cause and date of death.

[OVER.]



# Health Department, City of Baltimore.

Permit No.

98666

Office of Registrar of Vital Statistics.

Ward

2A

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, accurately filled out, to the Undertaker or other person superintending the burial, within twenty-four hours after the death of and deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT THIS CERTIFICATE.

## CERTIFICATE OF DEATH.

Date of Death,

March 17/87

Full Name of Deceased,

{ Write legibly and spell correctly. If an Infant not named, give names of parents.

Mary Butler

Sex, Male or Female,

{ Cross out the word not required in this line.

Age,

Years,

Months,

11 Days.

Color,

white

Married, Single, Widow or Widower,

{ Cross out the words not required in this line.

Occupation,

Birth Place,

{ State or country, and how long in the United States, if of foreign birth.

Bald. City Md.

Duration of Residence in the City of Baltimore,

Place of Death,

{ Give Street and Number.

1423 E. av.

Cause of Death,

{ First (Primary),

{ Second (Immediate),

convulsions

Duration of Last Sickness,

6 days

All the above information should be furnished by the Physician.

Place of Burial,

Mt. Carmel

Date of Burial,

March 18/87

Undertaker,

H. Canderben

R. W. Mansfield M. D.

Medical Attendant.

Place of Business,

Canton Ave.

Address, 129 Broadway

Extract from Regulations of the Board of Health to secure a full and correct record of the Vital Statistics in the City of Baltimore.

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within twenty-four hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age, and condition (whether married or single) of the person deceased, and the cause and date of death.

[OVER.]



Permit No. 98667 Office of Registrar of Vital Statistics. Ward 10<sup>th</sup>

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, accurately filled out, to the Undertaker or other person superintending the burial, within twenty-four hours after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

## CERTIFICATE OF DEATH.

Date of Death, Mar. 17<sup>th</sup> 1887

Full Name of Deceased, { Write legibly and spell correctly. If an Infant not named, give names of parents. } Mrs. Mary Ann Reilly

Sex, ~~Male~~ or Female, { Cross out the word not required in this line. }

Age, 51 Years, \_\_\_\_\_ Months, \_\_\_\_\_ Days.

Color, White

Married, ~~Single~~, ~~Widow~~ or ~~Widower~~, { Cross out the word not required in this line. } ✓

Occupation, \_\_\_\_\_

Birthplace, { State or country, and how long in the United States, if of foreign birth. } Ireland

Duration of Residence in the City of Baltimore, 29 years

Place of Death, { Give street and number. } 411 Mt. Franklin St.

Cause of death, { First, (Primary), Second, (Immediate). } Menopause  
Phthisis pulmonalis

Duration of Last Sickness, 8 weeks

All the above information should be furnished by the Physician.

Place of Burial, New Cathedral cem

Date of Burial, Mar 19. 1887

Undertaker, Martin Fahy Chas. Brooke Boyle M. D.,  
Medical Attendant.

Place of Business, 606 Townsend St. Address,

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]



# Health Department, City of Baltimore.

Permit No.

98668 Office of Registrar of Vital Statistics.

Ward

18<sup>c</sup>

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, accurately filled out, to the Undertaker or other person superintending the burial, within twenty-four hours after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

## CERTIFICATE OF DEATH.

Date of Death,

March 16<sup>th</sup> 1887

Full Name of Deceased,

Write legibly and spell correctly. If an Infant not named, give names of parents.

Eva Grebe

Sex, Male or Female,

Cross out the word not required in this line.

Age,

16

Years,

2

Months,

16

Days.

Color,

White

Married,

Single, Widow or Widower,

Cross out the words not required in this line.

Occupation,

Birth Place,

State or country, and how long in the United States, if of foreign birth.

Germany

Duration of Residence in the City of Baltimore,

29 years

Place of Death,

Give Street and Number.

1003 Greenmans all.

Cause of Death,

First (Primary),

Second (Immediate),

Pneumonia

Duration of Last Sickness,

9 months

All the above information should be furnished by the Physician.

Place of Burial,

Western Cem

Date of Burial,

March 18<sup>th</sup> 1887

Undertaker,

Julius Koehler

Louis B. Horn

M. D.

Medical Attendant.

Place of Business,

Sharp & Cross

Address, corner of Broadway & 1<sup>st</sup> St

Extract from Regulations of the Board of Health to secure a full and correct record of the Vital Statistics in the City of Baltimore.

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[OVER.]



# Health Department, City of Baltimore.

Permit No.

98669

Office of Registrar of Vital Statistics.

Ward

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NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

## CERTIFICATE OF DEATH.

Date of Death, March 15<sup>th</sup> / 87

Full Name of Deceased, { Write legibly and spell correctly. If an Infant not named, give names of parents. } Willie Dorsey ✓

Sex, Male or Female, { Cross out the word not required in this line. } Male

Age, 4 Years, 0 Months, 0 Days.

Color, Light brown

Married, Single, Widow or Widower, { Cross out the words not required in this line. } Single

Occupation, None

Birth Place, { State or country, and how long in the United States, if of foreign birth. } Baltimore, Md

Duration of Residence in the City of Baltimore, Four years

Place of Death, { Give Street and Number. } No 17 Parisk Hwy (old no)

Cause of Death, { First (Primary), Second (Immediate), } Unknown

Duration of Last Sickness, Ulcerated Sore Throat

one week

All the above information should be furnished by the Physician.

Place of Burial, Sharpeest cemetery

Date of Burial, March 17 1887

Undertaker, William V. Dwyer

Place of Business, 150 East St

Medical Attendant, Benj. F. Bohrer M. D.

Address, Cor of Mulberry + Green St

Extract from Regulations of the Board of Health to secure a full and correct record of the Vital Statistics in the City of Baltimore.

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[OVER]



HEALTH DEPARTMENT, BUREAU OF VITAL STATISTICS BALTIMORE CITY, cm 1132. Printed 10/25/2022.

Permit No. 98670 Office of Registrar of Vital Statistics. Ward 70

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, accurately filled out, to the Undertaker or other person superintending the burial, within ~~twenty-four hours~~ after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

Date of Death, Mar 17 1887

Full Name of Deceased, { Write legibly and spell correctly. If an Infant not named, give names of parents. } Leo Ford

Sex, Male ~~or Female~~, { Cross out the word not required in this line. }

Age, 2 Years, — Months, — Days.

Color, Caucasian

~~Married~~, Single, ~~Widow or Widower~~, { Cross out the word not required in this line. } ✓

Occupation, —

Birthplace, { State or country, and how long in the United States, if of foreign birth. } Irish

Duration of Residence in the City of Baltimore, Life

Place of Death, { Give street and number. } 504 Chase Alley

Cause of death, { First, (Primary,) Capillary Bronchitis Second, (Immediate,) — }

Duration of Last Sickness, 1 week

All the above information should be furnished by the Physician.

Place of Burial, Laurel Cemetery

Date of Burial, March 19 1887

{ Undertaker, Alex. Hensley } Gray Smith M. D., Medical Attendant.

{ Place of Business, 561 Orchard } Address 561 Orchard

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

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[OVER.]



# Health Department, City of Baltimore.

Permit No. *98671*

Office of Registrar of Vital Statistics.

Ward *16*

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, accurately filled out, to the Undertaker or other person superintending the burial, within *twenty-four* hours after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

## CERTIFICATE OF DEATH.

Date of Death, *March 17<sup>th</sup> 1887*

Full Name of Deceased, *Henry Dreckler*

Write legibly and spell correctly. If an Infant not named, give names of parents.

Sex, Male or Female, *Male*

{ Cross out the word not required in this line. }

Age, *70*

Years,

Months,

Days.

Color, *White*

Married, Single, Widow or Widower, *Single*

{ Cross out the words not required in this line. }

Occupation, *Carpenter*

Birth Place, *Germany*

{ State or country, and how long in the United States, if of foreign birth. }

Duration of Residence in the City of Baltimore, *2 years*

Place of Death, *22 Bowen St.*

{ Give Street and Number. }

Cause of Death, *Phthisis Pulm*

{ First (Primary),

Second (Immediate),

*Asthenia*

Duration of Last Sickness, *4 years*

All the above information should be furnished by the Physician.

Place of Burial, *Western Cemetery*

Date of Burial, *March the 19.*

Undertaker, *Walter Immel*

Place of Business, *594 N. Bidder*

*Address, 610 N. Sharp St.*

*Wm Gombel M. D.*

Medical Attendant.

Extract from Regulations of the Board of Health to secure a full and correct record of the Vital Statistics in the City of Baltimore.

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[OVER.]